

Universal 911 Dialing- Second Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

Valor Telecommunications

Service Provider Name

Valor Telecommunications

Company Address, City, State, Zip

201 E. John Carpenter Frwy
Suite 200
Irving, Texas 75062

Service Provider Type

Wireless

☒ Wireline

Name(s) of Wireless License Holder(s)

Contact Name

John Basile

Contact Tel #

972-373-1027

Fax #

973-373-1005

E-mail Address

jbasile@valortelecom.com

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

McIntosh County, Oklahoma
Osage County, Oklahoma
Wagoner County, Oklahoma
Garvin County, Oklahoma
Okfuskee, Oklahoma

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

County Name	Emergency Response Point
McIntosh County	McIntosh County Sheriff
Osage County	Osage County Sheriff
Wagoner County	Wagoner Police Dept
	Coweta Police Dept
Garvin County	City of Maysville & City of Lindsay
Okfuskee County	City of Prague Police Dept.

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

County Name	
McIntosh County	Transition complete.
Osage County	Transition complete.
Wagoner County	Transition complete.
Garvin County	Transition complete.
Okfuskee County	Transition complete.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

County Name	Completion Date
McIntosh County	8/8/02
Osage County	8/21/02
Wagoner County	9/10/02
Garvin County	9/6/02
Okfuskee County	8/16/02

Section 3

911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

No problems encountered.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

Section 4**Certification - To be signed by an authorized representative of the reporting entity**

X I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____.

Signature

Printed name of authorized representative: John Basile

Title 911 Project Manager

Date September 16, 2002

This filing is: ☒ original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.